

Veterinary Medical Board
Registered Veterinary Technician Committee

2005 Evergreen Street, Suite 2250 ■ Sacramento, CA 95815-3831 ■ www.vmb.ca.gov
916-263-2610 ■ 916-263-2621 (Fax)



**REGISTERED VETERINARY TECHNICIAN
EXAMINATION APPLICATION**

1. APPLICATION TYPE/FEEES (please check the category you are applying for)

\$100.00 APPLICATION FEE \$150.00 EXAMINATION FEE Both fees are required to be submitted with your application	Office Use Only	
Category 1 (Approved School)	Receipt Number:	_____
Category 2 (Non-Approved School)		_____
Category 3 (Bachelor's Degree)		_____
Category 4 (Alternate Route)		_____
Category 5 (Out of State RVT)		_____
Please make check or money order payable to the RVTC.	Date Cashiered:	_____
Mail application, supporting documents, and \$250.00 fee to: RVTC 2005 Evergreen Street, Suite 2250 Sacramento, CA 95815-3831	Refund:	_____
	ATS ID:	_____

2. UNITED STATES SOCIAL SECURITY NUMBER

Disclosure of a social security number is mandatory and must be provided prior to "certification." This number must be a **United States** social security number. Social security numbers from other countries will **not** be accepted. Section 30 of the Business and Profession Code and Public Law 94-455 [42 USC 405(c)(2)(C)] authorize collection of the Social Security number. Your Social Security number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or support order in accordance with Section 17520 of the Family Code.

U.S. Social Security Number:

Email Address: (Optional)

3. FULL NAME/ADDRESS/TELEPHONE NUMBER

Telephone Number:

LAST	FIRST	MIDDLE	BIRTHDATE
CURRENT MAILING ADDRESS	CITY	STATE	ZIP
PERMANENT MAILING ADDRESS	CITY	STATE	ZIP
			COUNTRY

4. PHYSICAL DESCRIPTION

HAIR COLOR	HEIGHT	ATTACH PHOTO HERE PHOTO MUST BE THE SAME SIZE AS THIS BOX: 2" x 2 1/8
EYE COLOR	WEIGHT	
I HEREBY DECLARE THAT THE ATTACHED PHOTO WAS TAKEN ON OR ABOUT (MONTH/DAY YEAR):		
SIGNATURE OF CANDIDATE_____		

5. EDUCATION INFORMATION

COLLEGE AND/OR RVT PROGRAM	FROM	TO	COURSE	DATE OF GRADUATION	DEGREE RECEIVED

6. PLEASE LIST THE STATES/PROVINCES IN WHICH YOU ARE REGISTERED AS AN RVT

STATE/PROVINCE	REGISTRATION #	DATE ISSUED	ISSUED BY EXAM OR CREDENTIALS	PERIOD OF PRACTICE

7. PREVIOUS APPLICATION(S) FOR CALIFORNIA

HAVE YOU EVER APPLIED TO TAKE THE CALIFORNIA REGISTERED VETERINARY TECHNICIAN EXAMINATION? IF YES, PLEASE LIST DATE(S): _____	YES	NO
HAVE YOU EVER TAKEN THE CALIFORNIA REGISTERED VETERINARY TECHNICIAN EXAMINATION? IF YES, PLEASE LIST DATE(S): _____	YES	NO

8. DISCLOSURE OF DISCIPLINARY ACTION

HAVE YOU EVER HAD DISCIPLINARY PROCEEDINGS AGAINST ANY REGISTRATION, LICENSE, OR CERTIFICATE AS A VETERINARY TECHNICIAN OR ANY VETERINARY RELATED LICENSE INCLUDING REVOCATION, SUSPENSION, PROBATION, VOLUNTARY SURRENDER, OR ANY OTHER PROCEEDING? _____ _____ _____	YES	NO
	If Yes, please provide detailed written explanation, include the date and state where the discipline occurred.	

9. CONVICTION OF MISDEMEANOR OR FELONY

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS OR PLED NO CONTEST TO A VIOLATION OF ANY LAW OF ANY STATE, THE UNITED STATES, OR A FOREIGN COUNTRY? _____ _____ _____	YES	NO
	If Yes, explain fully as described in the application instructions.	

You must include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside and/or dismissed under Penal Code Section 1000, 1203.4 or 1210.1. Traffic violations involving driving under the influence, injury to persons or providing false information must be reported. The definition of conviction includes convictions following a plea of nolo contendere (no contest) as well as pleas or verdicts of guilty.

10. CERTIFICATION SIGNATURE AND DATE

I understand that I am required to report immediately to the California Veterinary Medical Board if I am convicted of any offense that occurs between the date of this application and the date that a California registered veterinary technician certificate is issued. I am also required to report to the California Veterinary Medical Board any disciplinary action and/or voluntary surrender against any veterinary related license that occurs between the date of this application and the date that a California registered veterinary technician certificate is issued. I understand that failure to do so may result in denial of this application or subsequent disciplinary action against my license.

I certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this application for registration examination is true, correct, and complete. Providing false information or omitting required information is grounds for denial of licensure or revocation of licensure in California.

Signature of applicant _____ Date _____

NOTE: All items in this application are mandatory; none are voluntary, unless indicated. Failure to provide any of the requested information will result in the application being deemed incomplete. The information provided will be used to determine qualification for examination and licensure, per Section 4841-4842 of the Business and Professions Code which authorizes the collection of this information. Information regarding the issuance or denial of a license by the Board may be transmitted to any other veterinary medical licensing authority. Candidates have the right to review their application subject to the provisions of the Information Practice Act. The Executive Officer is custodian of records.

INFORMATION COLLECTION, ACCESS, & DISCLOSURE: Information you provide on this application is maintained by the Executive Officer of the Veterinary Medical Board, 2005 Evergreen Street, Suite 2250, Sacramento, CA 95815, (916) 263-2610. The information is requested pursuant to Business and Professions Code sections 4832-4844 and/or Title 16, California Code of Regulations, Division 20, Article 6. FORM 26A-1 (Rev. 5/2008)